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FACSIMILE COVER SHEET

DATE: NOVEMBER 5, 2007

NUMBER OF PAGES (INCLUDING
THIS TRANSMITTAL COVER SHEET): 5

OUR REFERENCE: 231511

FROM: DENNIS R. SCHLEMMER
REGISTRATION NO. 24,703

DIRECT LINE: 312 616-5640

TO: MAIL STOP Amendment
UNITED STATES PATENT AND TRADEMARK OFFICE
COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313

FACSIMILE NUMBER: (571) 273-8300

IN RE APPLN. OF: WALTHER ET AL.
APPLICATION NO. 10/517,900
FILED: JULY 21, 2005
GROUP ART UNIT: 1734
EXAMINER: BRENDA A. LAMB
DOCKET NO.: 231511 (Client Reference No. MR01271)

ATTACHED PLEASE FIND THE FOLLOWING DOCUMENTS:

- REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL (2 PAGES - IN DUPLICATE)

A confirmation copy of the transmitted document will:

☒ Not be sent. This will be the only form of delivery of the transmitted document.

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Request for Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application No.	10/517,900
	Filing Date	July 21, 2005
	First Named Inventor	Walther
	Group Art Unit	1734
	Examiner Name	Brenda A. Lamb
	Attorney Docket No.	231511
	Client Reference No.	MR01271

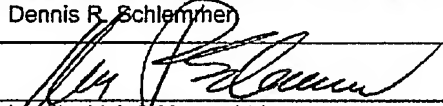
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

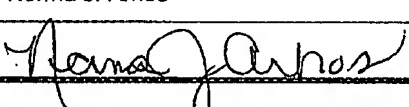
1. Submission required under 37 CFR 1.114 a. <input checked="" type="checkbox"/> Previously submitted i. <input checked="" type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on June 21, 2007 (Any unentered amendment(s) referred to above will be entered.) ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on iii. <input type="checkbox"/> Other: b. <input type="checkbox"/> Enclosed i. <input type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Form PTO-1449 v. <input type="checkbox"/> Copies of References listed in Form PTO-1449 (except for U.S. patents and applications) vi. <input type="checkbox"/> Other:									
2. Miscellaneous a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(l) required.) b. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 c. <input type="checkbox"/> Other:									
3. Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below. (A duplicate copy of this communication is enclosed for that purpose, unless submitted via EFS-Web.) i. <input checked="" type="checkbox"/> RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e) ii. <input type="checkbox"/> One-month extension of time fee of \$ 0.00 (37 CFR 1.138 and 1.17) iii. <input type="checkbox"/> An extension for _____ has already been secured and the fee paid therefor of \$ 0.00 is deducted from the total fee due for the total amount of extension now requested. iv. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee. v. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i)) vi. <input type="checkbox"/> Other: vii. <input type="checkbox"/> Claim fee								\$810.00 \$ 0.00 \$ 0.00	
CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	
TOTAL	15	MINUS	20	= 0	x 25 =	-\$0.00	x 50 =	-\$0.00	
INDEPENDENT	3	MINUS	3	= 0	x 105 =	-\$0.00	x 210 =	-\$0.00	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM					+ 185 =	-\$0.00	+ 370 =	-\$0.00	
Total amount to be charged to Deposit Account									\$810.00
b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216. (A duplicate copy of this communication is enclosed for that purpose, unless submitted via EFS-Web.)									

11/05/2007 PCHURP 00000017 121216 10517900

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In re Application of Walther et al. **Error! Reference source not found.** REQUEST FOR CONTINUED EXAMINATION TRA
 Application No. 10/517,900 **Error! Reference source not found.** (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Dennis R. Schlemmer	Registration No. (Attorney/Agent)	24,703
Signature		Date	November 5, 2007
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-8731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)

MAILING/TRANSMISSION CERTIFICATE UNDER 37 CFR 1.8 OR 1.10			
I hereby certify that this document and all accompanying documents are, on the date indicated below, being <input type="checkbox"/> deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service under 37 CFR 1.10 in an envelope addressed in the same manner indicated on this document with Express Mail Label Number <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed in the same manner indicated on this document. <input checked="" type="checkbox"/> facsimile transmitted to the U.S. Patent and Trademark Office at fax number: (571) 273-8300.			
Name (Print/Type)	Norma J. Arhos		
Signature		Date	November 5, 2007

RCE TRANSMITTAL (Revised 9/30/2007)

NOV 5 - 2007

Request for Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application No.	10/517, 900
	Filing Date	July 21, 2005
	First Named Inventor	Walther
	Group Art Unit	1734
	Examiner Name	Brenda A. Lamb
	Attorney Docket No.	231511
	Client Reference No.	MR01271

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1. **Submission required under 37 CFR 1.114**

a. ☒ Previously submitted

i. ☒ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on June 21, 2007
(Any unentered amendment(s) referred to above will be entered.)

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on

iii. ☐ Other:

b. ☐ Enclosed

i. ☐ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Form PTO-1449

v. ☐ Copies of References listed in Form PTO-1449
(except for U.S. patents and applications)

vi. ☐ Other:

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(l) required.)

b. ☐ Applicant claims small entity status. See 37 CFR 1.27

c. ☐ Other:

3. **Fees** - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ Please charge Deposit Account No. 12-1216 in the total amount indicated below.
(A duplicate copy of this communication is enclosed for that purpose, unless submitted via EFS-Web.)

i. ☒ RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e) \$810.00

ii. ☐ One-month extension of time fee of \$ 0.00 (37 CFR 1.138 and 1.17) \$ 0.00

iii. ☐ An extension for _____ has already been secured and the fee paid therefor of \$ 0.00 is deducted from the total fee due for the total amount of extension now requested.

iv. ☒ Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee. \$ 0.00

v. ☐ Suspension of action fee of \$130.00 (37 CFR 1.17(i))

vi. ☐ Other:

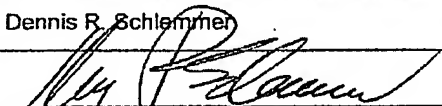
vii. ☐ Claim fee

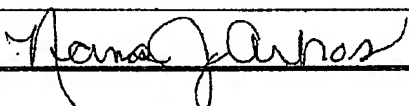
CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE
TOTAL	15	MINUS	20	= 0	x 25 =	-\$0.00	x 50 =	-\$0.00
INDEPENDENT	3	MINUS	3	= 0	x 105 =	-\$0.00	x 210 =	-\$0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM					+ 185 =	-\$0.00	+ 370 =	-\$0.00
Total amount to be charged to Deposit Account								\$810.00

b. ☒ The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216. (A duplicate copy of this communication is enclosed for that purpose, unless submitted via EFS-Web.)

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Name (Print/Type)	Norma J. Arhos		
Signature		Date	November 5, 2007

RCE TRANSMITTAL (Revised 9/30/2007)